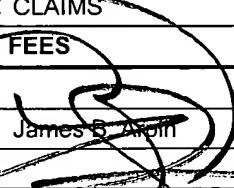
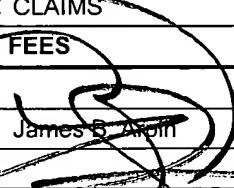
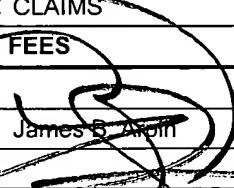




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FEE TRANSMITTAL

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		Filing Date	August 28, 2001																																																																															
		First Named Inventor	Melba Delaine SELF																																																																															
		Examiner Name	Anthony Derrell BARFIELD																																																																															
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Total Amount Of Payment	(\$)	455.00	Attorney Docket No.	006910.2500																																																																														
METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)																																																																																
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to Deposit Account No. 02-0375 in the name of Baker Botts L.L.P. <input type="checkbox"/> Charge any additional fee required under 37 C.F.R. §§ 1.16 and 1.17 to Deposit Account No. 02-0375 .		3. ADDITIONAL FEES <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Fee Description</td> <td style="width: 30%;">Fee Paid</td> </tr> <tr> <td><input type="checkbox"/> Surcharge - late filing fee or oath</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Surcharge - late provisional filing fee or cover sheet</td> <td>\$</td> </tr> <tr> <td><input checked="" type="checkbox"/> Extension for reply with 1 month extension</td> <td>\$ 60.00</td> </tr> <tr> <td><input type="checkbox"/> Notice of Appeal</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Filing Brief in Support of Appeal</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Request for Oral Hearing</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Utility Issue Fee (or reissue)</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Design Issue Fee</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Plant Issue Fee</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Petitions to Commissioner</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Petition to Revive (unavoidable)</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Petition to Revive (unintentional)</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Petitions Related to Provisional Applications</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Submission of Information Disclosure Statement</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Filing Submission After Final Rejection</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Recordation of Assignment Document</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Filing Request for Reexamination</td> <td>\$</td> </tr> <tr> <td><input checked="" type="checkbox"/> Other (specify): Request for Continued Examination</td> <td>\$ 395.00</td> </tr> </table>			Fee Description	Fee Paid	<input type="checkbox"/> Surcharge - late filing fee or oath	\$	<input type="checkbox"/> Surcharge - late provisional filing fee or cover sheet	\$	<input checked="" type="checkbox"/> Extension for reply with 1 month extension	\$ 60.00	<input type="checkbox"/> Notice of Appeal	\$	<input type="checkbox"/> Filing Brief in Support of Appeal	\$	<input type="checkbox"/> Request for Oral Hearing	\$	<input type="checkbox"/> Utility Issue Fee (or reissue)	\$	<input type="checkbox"/> Design Issue Fee	\$	<input type="checkbox"/> Plant Issue Fee	\$	<input type="checkbox"/> Petitions to Commissioner	\$	<input type="checkbox"/> Petition to Revive (unavoidable)	\$	<input type="checkbox"/> Petition to Revive (unintentional)	\$	<input type="checkbox"/> Petitions Related to Provisional Applications	\$	<input type="checkbox"/> Submission of Information Disclosure Statement	\$	<input type="checkbox"/> Filing Submission After Final Rejection	\$	<input type="checkbox"/> Recordation of Assignment Document	\$	<input type="checkbox"/> Filing Request for Reexamination	\$	<input checked="" type="checkbox"/> Other (specify): Request for Continued Examination	\$ 395.00																																								
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2. EXTRA CLAIMS FEES <table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="6" style="text-align: center; padding: 5px;">CLAIMS AS AMENDED</td> </tr> <tr> <th rowspan="2" style="width: 15%;">For</th> <th rowspan="2" style="width: 15%;">Number Present</th> <th rowspan="2" style="width: 15%;">Highest Number Paid For</th> <th rowspan="2" style="width: 15%;">Extra</th> <th colspan="2" style="width: 30%;">Rate</th> <th rowspan="2" style="width: 15%;">Amount</th> </tr> <tr> <th style="width: 15%;">Large Entity</th> <th style="width: 15%;">Small Entity</th> </tr> <tr> <td>TOTAL CLAIMS</td> <td>8</td> <td>20</td> <td>0</td> <td>x \$ 50.00</td> <td>x \$ 25.00</td> <td>\$0.00</td> </tr> <tr> <td>INDEPENDENT CLAIMS</td> <td>3</td> <td>3</td> <td>0</td> <td>x \$ 200.00</td> <td>x \$ 100.00</td> <td>\$0.00</td> </tr> <tr> <td colspan="4">MULTIPLE DEPENDENT CLAIMS</td> <td style="text-align: center;">\$ 360.00</td> <td style="text-align: center;">\$ 180.00</td> <td style="text-align: center;">\$0.00</td> </tr> <tr> <td colspan="6">TOTAL EXTRA CLAIMS FEES</td> <td style="text-align: center;">\$0.00</td> </tr> <tr> <td colspan="6" style="text-align: right; padding-top: 10px;"><i>Complete (if applicable)</i></td> <td></td> </tr> <tr> <td colspan="6" style="text-align: right; padding-top: 10px;">Submitted by </td> <td></td> </tr> <tr> <td colspan="6" style="text-align: right; padding-top: 10px;">Typed or Printed Name <u>James S. Alford</u></td> <td style="text-align: right;">Registration No. 33,470</td> </tr> <tr> <td colspan="6" style="text-align: right; padding-top: 10px;">Signature </td> <td style="text-align: right;">Deposit Account User ID 02-0375</td> </tr> <tr> <td colspan="6" style="text-align: right; padding-top: 10px;">Date 4/1/05</td> <td></td> </tr> </table>					CLAIMS AS AMENDED						For	Number Present	Highest Number Paid For	Extra	Rate		Amount	Large Entity	Small Entity	TOTAL CLAIMS	8	20	0	x \$ 50.00	x \$ 25.00	\$0.00	INDEPENDENT CLAIMS	3	3	0	x \$ 200.00	x \$ 100.00	\$0.00	MULTIPLE DEPENDENT CLAIMS				\$ 360.00	\$ 180.00	\$0.00	TOTAL EXTRA CLAIMS FEES						\$0.00	<i>Complete (if applicable)</i>							Submitted by 							Typed or Printed Name <u>James S. Alford</u>						Registration No. 33,470	Signature 						Deposit Account User ID 02-0375	Date 4/1/05						
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